

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
_____))
_____)) PETITION FOR ORDER APPROVING
_____)) GUARDIAN'S ACTIVITIES
_____)) AND FINAL REPORT
_____))

PETITION AND FINAL REPORT

The Guardian petitions the Court for approval of this Final Report.

1. Guardianship History. The undersigned was appointed

[☐] Full [☐] Limited Guardian of the Person ("Guardian of the Person") and/or

[☐] Full [☐] Limited Guardian of the Estate ("Guardian of the Estate")

on _____. The Guardian's most recent report was
approved on _____; and it included all activities, income
and disbursements through the date of _____.

2. Residence of Incapacitated Person: Throughout this report period, the Incapacitated
Person resided at _____[facility name & address], in the city or
county of _____.

3. Circumstances for Final Order.

A. If Final Order Due to Death of Incapacitated Person: Death of the Incapacitated

Person/Last Will and Testament. The Incapacitated Person died on _____. The Incapacitated Person died [] with OR [] without a Will. (*If there is a will, attach a copy.*) The Guardian requests authority to transfer the remaining Guardianship estate assets to the duly appointed or confirmed Personal Representative of the Estate, upon receipt of a Notice of Appointment and Pendency of Probate or properly executed Affidavit of Successor.

B. If Final Order Due to Determination of Capacity:

On _____, (*date*) the Court determined that the incapacity had terminated and that there was now capacity to manage the personal care and administration of assets. I was directed to transfer all Guardianship assets to the (formerly) Incapacitated Person.

C. If Final Order Due to Removal of Guardian:

On _____, (*date*) the Court removed the Guardian herein. The Guardian requested authority to transfer the assets to the duly appointed Successor Guardian upon the issuance of letters of Guardianship to said Successor.

4. Care Plan. A report setting forth the medical, mental, and social information for the Incapacitated Person and describing the Guardian's activities from the conclusion of the last reporting period date: _____ until the [] restoration of capacity OR [] death of above-named Incapacitated Person is attached hereto.

5. Current Inventory. A listing of all of the assets of the Incapacitated Person's estate as of the date of the last reporting period: _____ and of this date and their values on each date is attached hereto.

6. Income and Disbursement. A summary listing by categories of all income and disbursements from the conclusion of the last reporting period to this date is attached hereto.

7. Liabilities. The Guardian requests approval to pay the following outstanding liabilities from the Guardianship estate.

Guardian's Fees and Costs	\$
Attorney's Fees and Costs	\$
Other:	\$
Other:	\$
Other:	\$
Total Payments to be Authorized:	\$

8. Bond, Blocked Accounts and Other Court-Ordered Protection. At the date of termination of the Guardianship, there was \$_____ in unblocked accounts and \$_____ in blocked financial accounts. The Guardianship bond issued by _____ identified by bond number _____, in the amount of \$_____ (*enter \$0, if there was no bond in effect*) should be exonerated upon the filing of a receipt by the Personal Representative of Successor Guardian of Incapacitated Person.

9. Final Tax Return. There was income for which a tax return [] is OR [] is not required. The Guardian recommends that the final tax return and tax obligations be handled as follows: _____.

WHEREFORE, the Guardian requests an order:

1. Approving the Guardian's Final Report and Accounting and the actions of the Guardian;
2. Closing the Guardianship case discharging the Guardian and exonerating the bond of the Guardian, upon the filing of a request for receipt of assets by the Personal Successor Guardian or previously Incapacitated Person;
3. Authorizing the Guardian to transfer the remaining assets in Guardianship estate to the duly appointed or confirmed Personal Representative, Successor Guardian or previously Incapacitated Person of the Incapacitated Person's estate, upon receipt of the notification of appointment and pendency of probate or properly executed affidavit of successor.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF
_____, 200_____

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address